Items 8, 9: Statement of husband-informant, Chinese Embassy, filed under CHEN 9-TO-53L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williams
   LENGTH OF STAY (in this place): 2 mos
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
   STREET ADDRESS (If rural, give location): 3629 ORDWAY ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) (Last) Chen.

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Chinese

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: MAY 31, 1912

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): CHANGSHA, CHINA

12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME: Li, Chin-hsi

14. MOTHER'S MAIDEN NAME: Huang, Huang

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
    (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Chih-Mai Chen, 3629 Ordway St., D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Carcinoma of Lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Breast

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29, 1953, to 8/30, 1953, that I last saw the deceased alive on 8/30, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: G. H. Weems. (Degree or title) M.D. ADDRESS: Huntingtown Md DATE SIGNED: 8/30/53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 9-2-53 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Alexandria, Va.

DATE REC'D BY LOCAL REG.: Aug 30 1953 — REGISTRAR'S SIGNATURE: Grace L. Hutchins

24. FUNERAL DIRECTOR: Cunningham Funeral Home Inc. — ADDRESS: Cameron & Alfred Sts. Alex. Va.

RECEIVED
SEP 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17897

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
MARYLAND
LENGTH OF STAY (in this place) 13 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Paris X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) (Last) Coates

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR.

8. DATE OF BIRTH: Feb 17, 1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Charles Coates

14. MOTHER'S MAIDEN NAME: Mierah Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Cardiac Renal Vascular — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Uremia

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2 ,19 53 , to 8/3 , 19 53 , that I last saw the deceased alive on 8/3/53 19 , and that death occurred at 1:40 P.M. from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or Title) Reg ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-5-53
NAME OF CEMETERY OR CREMATORY Patuxent
LOCATION (City, town, or county) (State) Huntingtown Md.

DATE REC'D BY LOCAL REGISTRAR 8-4-53
REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR ADDRESS P. C. Sewell Prince Frederick, Md.

RECEIVED
AUG 6 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07898

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Parnes Purchase — LENGTH OF STAY (in this place) 2 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Hodson

4. DATE OF DEATH: (Month) Aug. (Day) 27, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 4, 1875

9. AGE Last birthday: 77 yrs. — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Crabbing & Fishing

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Hodson

14. MOTHER'S MAIDEN NAME: Laura Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-4357

17. INFORMANT & ADDRESS: Annie R. Hodson - Olivet, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) DUE TO Hypertensive cardiovascular disease — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1953, to 8/27, 1953, that I last saw the deceased alive on 8/27, 1953, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

SIGNATURE J. A. Weems — (Degree or title) MD — ADDRESS Huntingtown Md. — DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 30, 1953 — NAME OF CEMETERY OR CREMATORY Olivet Methodist Cem. — LOCATION (City, town, or county) Olivet - Calvert Co., (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/29/53 — REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR — ADDRESS
C. A. Harkness & Son - Mutual, Md

RECEIVED
2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07899

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) (Last) Duppins

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 7-4-1913
9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wesley Kent
14. MOTHER'S MAIDEN NAME: Mary Foster.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lemuel Duppins, Chesapeake Beach.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

026X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension — ?

DUE TO

(c) C. H. Lues

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953, to Aug 26, 1953 that I last saw the deceased alive on ....., 19....., and that death occurred at 1.45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gage Jett M.D. ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) C
DATE THEREOF 8-29-53
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-26-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

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VS. A15

RECEIVED
2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07900

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Barstow — LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Loretta (Last) Fitzpatrick

4. DATE OF DEATH: (Month) Aug. (Day) 23, (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 12, 1899

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 1 Days 17 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Preston

14. MOTHER'S MAIDEN NAME: Mary M. Lynch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I.

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Leonard J. Fitzpatrick, Barstow Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X

Immediate cause (a) Fractured skull — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auto Accident

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Car hit a tree

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office, bldg. etc.) Highway — (CITY OR TOWN) Prince Frederick (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 8 (Day) 23 (Year) 53 (Hour) 9 p.m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at ——, from the causes and on the date stated above.

SIGNATURE Howard D. Mc Queen (Degree or title) MD ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 27, 1953 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) Washington, (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 8-25-53 — REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR — ADDRESS G. A. Harkness & Son - Mutual, Md.

VS. 15 T

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pr Frederick X
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mannie (Middle) D. (Last) D'Ford

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR
8. DATE OF BIRTH: Sept 2 1881
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Builder
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert D. D'Ford
14. MOTHER'S MAIDEN NAME: Frank Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-07-2623
17. INFORMANT & ADDRESS: Mrs. Susie D'Ford - Owings, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
442X
Immediate cause (a) Hypertensive cardio vas. rural disease
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1953, to 8/2, 1953, that I last saw the deceased alive on 8/2, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.
SIGNATURE H. Weeneson (Degree or title) ADDRESS Huntingtown DATE SIGNED 8/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 5, 1953
NAME OF CEMETERY OR CREMATORY Friendship
LOCATION (City, town, or county) (State) Friendship U. A. Co Md
DATE REC'D BY LOCAL REGISTRAR Aug 4, 1953
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins ADDRESS Owings Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
AUG 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ches. Beach | LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach Md
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Carl (Last) Gale Jr
4. DATE OF DEATH (Month) 8 (Day) 5 (Year) 53

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 9/2/1896
9. AGE last birthday 56 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radar Tech
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago Ill
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Harry Gale
14. MOTHER'S MAIDEN NAME Matilda Jenke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 4
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Violet Gale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage from chest
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Amy [illegible] due to
(c) Violet [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Was clearing from and rifle which [illegible]

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ches Beach (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 8 (Day) 5 (Year) 53 (Hour) 4:30 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 8/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 10. 1953
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) Va (State)

DATE REC'D BY LOCAL REG. Aug 5, 1953
REGISTRAR'S SIGNATURE Grace F. Hutchins
24. FUNERAL DIRECTOR Hines Funeral Home, 2901, 14th St NW Wash D.C.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 11 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonards X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) M. (Last) Jones

4. DATE OF DEATH: (Month) Aug. (Day) 5, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: May 3, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months 3 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Forman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard
11. BIRTHPLACE (State or foreign country): St. Mary's Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Jones
14. MOTHER'S MAIDEN NAME: Lucy Spaulding

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 217-01-4271
17. INFORMANT & ADDRESS: Sarah Viola Jones - St. Leonards, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5×1.0

Immediate cause (a) Cirrhosis of Liver — Interval Between Onset And Death: 5? years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Gastro-intestinal Hemorrhage — 24 hours

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5, 1953, to 8/5, 1953, that I last saw the deceased alive on 8/5, 1953 and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE Page Jett (Degree or title) ADDRESS Prince Frederick DATE SIGNED 8/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug. 8, 1953
NAME OF CEMETERY OR CREMATORY Solomons Catholic Cem.
LOCATION (City, town, or county) Solomons, Md (State)
DATE REC'D BY LOCAL REGISTRAR 8-7-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
RURAL LENGTH OF STAY (in this place) 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: R.F.D. STATE Maryland Gaithersburg COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GAITHERSBURG R.F.D. 3
STREET ADDRESS (If rural give location) 15 [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) AMANDA (Last) LINZ
4. DATE OF DEATH: (Month) AUG (Day) 17 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: May 27, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 3 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Mass. Lynn
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: George W. Dyer
14. MOTHER'S MAIDEN NAME: Isabelle Webster

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Dorothy Hagen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 430.1

Immediate cause (a) Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic C.V. disease DUE TO

(c)

Interval Between Onset And Death 3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 1953, to , 19 .., that I last saw the deceased alive on 8/17, 1953, and that death occurred at 9:15 pm, from the causes and on the date stated above.

SIGNATURE Page Pitt (Degree or title) ADDRESS Prince Frederick DATE SIGNED 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/17/53
NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REGISTRAR 8-17-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR [illegible] ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	M	Cassmore Jr	8	30	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
M	C	W	7	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer on State Road		Maryland	U.S.A.

13. FATHERS NAME Wm Cassmore — 14. MOTHER'S MAIDEN NAME Rosie Baragar.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Ethel Cassmore St Leonard Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 5 min

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fell & found on a car

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from, natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE Edward Ward (Degree or title) ADDRESS Lusby DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	9-2-53	Brooks Chapell	Calvert	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-2-53	H. W. Ward	R. E. Sewell	Prince Fred, Md

RECEIVED
BUREAU V. S.

Items: 8,9 & 14; Film C157 8/24/53 dmr

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington; STREET ADDRESS 3726 (If rural give location) 3726 N. 10th Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Bailey (Last) Reynolds

4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH (Month, Day, Year) Sept 6 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Sam Reynolds

14. MOTHER'S MAIDEN NAME: Hattie Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 579-10-3780

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolism DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ....., to ....., 19....., that I last saw the deceased alive on , 19 . . , and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Ward

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8-5-1953 NAME OF CEMETERY OR CREMATORY Arlington Va LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 8-4-53 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR D. P. Sullivan Arlington, Va ADDRESS

RECEIVED
AUG
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Fredrick
LENGTH OF STAY (in this place): 1 month 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital Prince Fredrick, Md 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Fredrick
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Georgia (Middle) Straiten (Last) ~~Straiten~~

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 19, 1925

9. AGE Last birthday: 27 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): maid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Straiten

14. MOTHER'S MAIDEN NAME: Georgia Gross

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Annie Mason - Prince Fredrick, Md.

18. MEDICAL CERTIFICATION

a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.2

Immediate cause (a) Chr. myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1953, to 8/28, 1953, that I last saw the deceased alive on 8/27, 1953, and that death occurred at 2:45 A.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Huntingtown DATE SIGNED 8/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** 8-30-53 — **NAME OF CEMETERY OR CREMATORY** Brooks Chapel — **LOCATION** (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-28-53 — **REGISTRAR'S SIGNATURE** H. W. Ward

24. FUNERAL DIRECTOR P. Z. Sewell — ADDRESS Prince Frederick Md

VS. A26

RECEIVED
SEP 2 1953
BUREAU V. S.

Item 18 Film G157 8-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17908

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
(1) is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) W. (Last) Weems Jr.

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 14, 1939

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): School Age.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Maurice W Weems Sr.

14. MOTHER'S MAIDEN NAME: Addie Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Addie Weems

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Pneumonia - Broncho

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6 1950, to 8/16, 1953, that I last saw the deceased alive on 8/14, 1953, and that death occurred at PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.W. Weems MD Huntingtown Md 8/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8-19-53 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Calvert, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-19-53 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell Prince Fred, Md ADDRESS

RECEIVED
AUG 20 1953
BUREAU V. S.